

MARGIN RESERVED FOR BINDING  
USE PERMANENT INK

# ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made  
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.\*.....

Place of Birth Hayden

County Gila

No. .... St.

(Registration District)

SEX OF CHILD*	Twin Triplet or other?	{	and	{	Number in order of birth
Female					

DATE OF BIRTH\* October 6, 1928  
(Month) (Day) (Year)

FULL\*  
NAME Jose Maria Lizarraga  
FATHER

FULL\*  
MAIDEN NAME Carmelita Flores  
MOTHER

I HEREBY CERTIFY that the child described herein  
has been named

Natalia Flores

(Give name in full)

(Surname)

**SEE COURT ORDER**

# 119

(Parent's Signature)

(Signature of Physician or Midwife)

\*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

10M 1-45

562-1006-369

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NOV 9 1928  
File